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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 7193

SERIAL NUMBER 10/634,642	FILING DATE 08/04/2003  RULE	CLASS 600	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 13634.4003
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 \*\* CONTINUING DATA \*\*\*\*\*

*AA*  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 AUSTRALIA 2002952730 11/15/2002

*AA*  
 IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 11/01/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>Alissa M. Allen</i> Initials	NEW ZEALAND	4	27	2

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## TITLE

Intraluminal inflatable counter-pulsation heart assist device

FILING FEE  RECEIVED 513	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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